## CRIMINAL HISTORY RECORD REQUEST

Each adult 18 years or older who lives in the home where child care will be provided, or any other adult who may come in contact with the children in care, including child care assistants, must **fill out** and **sign** this form. A processing fee of \$15.00 must accompany each person's name. The fee can be paid by **personal check, money order** or **certified check** made payable to the **Office for Children**. The information you provide will be forwarded to the Virginia State Police in Richmond who will perform a search of Criminal History Records.

Name to be Searched:				
Last Name		First Name	Middle Name	
Complete A	Address (Street/RFI	))		
City		State	Zip Code	
Maiden Na	ame			
Sex	Race	Date of Birth	Social Security Number	
Signature				
Name to b  Last Name	e Searched:	First Name	Middle Name	
Complete A	Address (Street/RFI	D)		
City		State	Zip Code	
Maiden Na	nme			
			/	
Sex	Race	Date of Birth	Social Security Number	
Signature				

## CRIMINAL HISTORY RECORD REQUEST

(Continued)

Name to be Searched:				
Last Name		First Name	Middle Name	
Complete A	Address (Street/RFI	D)		
City		State	Zip Code	
Maiden Na	nme			
Sex	Race	Date of Birth	Social Security Number	
Signature				
Name to b	e Searched:			
Last Name		First Name	Middle Name	
Complete A	Address (Street/RFI	D)		
City		State	Zip Code	
Maiden Na	ame			
			/	
Sex	Race	Date of Birth	Social Security Number	
Signature				